PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUL FEE
Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further a indicated unless correcte maintenance fee notificat	ed below or directed oth	ig the Pa	in Block 1, by (a)) specifying a new c	orresp	ondence address;	and/or	(b) indicating a separ	ale FEE ADDRESS TO	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
26568 COOK ALEX			Cartificate of Mailing or Transmission							
SUITE 2850 200 WEST ADA		I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
CHICAGO, IL 6							(Depositor's name)			
*					<u> </u>				(Signature)	
					<u> </u>				(Butter)	
APPLICATION NO.	ON NO. FILING DATE]	FIRST NAMED INVENT		R ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.	
10/549,357	10/549,357 01/18/2007		Simon Joseph Philip			Saul 0635-0057 5449				
TITLE OF INVENTI HYDROFLUOROCARE		PROCE	SS FOR STE	REO-SELECTIVE	PRE			MICAL COMPOUN		
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		\$0 \$1810 12/22/2010			12/22/2010	
EXAMINER		A	ART UNIT	CLASS-SUBCLAS	S					
SAUCIER, SANDRA E 1651			1651	435-280000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE	E PRINTED ON T	THE PATENT (print	or typ	e)				
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Ineos Fluor Holdings Limited United Kingdom										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛣 Corporation or other private group entity 🚨 Government										
4a. The following fee(s) are submitted: X Issue Fee Dublication Fee (No small entity discount permitted) Advance Order - # of Copies				4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50/1039 (enclose an extra copy of this form).						
5. Change in Entity Sta	tus (from status indicate	d above))							
a. Applicant claim	s SMALL ENTITY state	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (fifreq records of the United Sta	uired) wates Pate	rill not be accepted nt and Trademark	d from anyone other to Office.	than ti	ne applicant; a regi	sterea a	attorney or agent; or the	e assignee of other party if	
Authorized Signature	Hamil	m	Riess			Date /2 Registration N	121/	12010		
Typed or printed nam										
This collection of inform an application. Confiden	ation is required by 37 C tiality is governed by 35	CFR 1.31 U.S.C.	11. The information 122 and 37 CFR	on is required to obtain 1.14. This collection	in or r	etain a benefit by t	he publ	lic which is to file (and to complete, including	by the USPTO to process g gathering, preparing, and	

all application. Commodition C

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.